




March 3, 2006

Toured the facility with Mike Kuhn. Anne Jerman, Head Nurse gave us the tour.

Terry Rowe is the Hospital Director

Staff Attending:

Kate Plummer, Unit Coordinator
 Tammy Lowell, Substance Abuse Director, Head of Recovery
 Brenda Whetmore, Nursing Supervisor
 Julie Young, Psych Tech
 Fran Levine, Nurse Coordinator, Brooks rehab
 Joe-Ellen Swaine, SW
 Dale Spaldin, Shift leader, Brooks 1
 Goldie Watson, E&T Coord.

-  VT: Add nurse manager's office.
-  VT: Bag the six Bed ICU.
-  VT: Email MA DMH Design to Dr. Simpatico

Comments by Staff/Discussion

1. The following were offered as comments at the outset.
 - We should be looking at other places in the State.....CMS will permit anything within a 35 mile radius of FAHC.
 - Space for treatment is needed. It's been lost at VSH. A treatment mall is a great idea: exercise, productive work, music, doctor interviews. Built in storage capacity within the room.
 - Green space is needed for patients
 - Dedicated parking is needed for staff.
 - An educational department (or access to one) is necessary.
 - Staff lounges, showers and lockers and all important
 - They want exercise facilities for lunch break...share it with the patients.
2. I asked, what is the primary driving force of their program? Responses:
 Safety
 Treatment and Recovery
3. I asked, what is the principal treatment modality? Responses:
 Psychopharmacology
 Millieu
4. They say that they desperately need a more "homey" milieu. At VSH with its institutional environment, staff and their relationship with patients provide the milieu.
5. We reviewed the proposed space program with favorable comments. They did however suggest that we eliminate the 6 bed ICU and the units of varying sizes in favor of do 3 units at 8-9 beds plus a 2-bed ICU.
 - They recommend three separate units each with their own nursing station. Their staffing supports it. They can have as many as 25% of their population on 1:1's. On average, 15% of the patients are on 1:1's.
 - It typically takes 5-6 weeks to get people medicated in the State. Involuntary meds order follows assessment after involuntary hospitalization.
 - They wonder about what might happen when they get more space. Probably would reduce the number of 1:1's.
 - Need a pod within the unit for the absolutely most acute patients....with a smaller ICU as a part of it..
 - Support all three manners of meds distribution: line at window, cart to patient and patient into room.
 - Very strong favorable reaction to the idea of flex zoning up and down.
6. They suggested that some of our meetings might happen in Waterbury.